NO. 165 P. 4

AUG 1 4 2006

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Request

Request

Request			211 (1111)	it displays a va	and CIMB could unt
For	Application Nu	mber	10/7	00,814-C	onf. #6248
Continued Examination (RCE)	Filing Date		Nove	ember 4, 2	2003
Transmittal Address to:	First Named In	ventor	Jeff l	<u> (line</u>	
MS RCE Commissioner for Palents	Art Unit		2141		
P.O. Box 1450 Alexandria, VA 22313-1450	Examiner Nam	e	N. R.	Taylor	
	Attorney Docket	Number	58674	4(46910)	
This is a Request for Continued Examination (RCE) under Request for Continued Examination (RCE) practice under 37 CFR 8, 1995, or to any design application.	7 37 CFR 1.114 of 1.114 does not app	the above-	identifie ity or pla	ed application	on. n filed prior to Juna
Submission required under 37 CFR 1.114 Note: If a amendments enclosed with the RCE will be entered in the capplicant does not wish to have any previously filed unenter amendment(s). a. Previously submitted. If a final Office action may be considered as a submission even if the submission even in the submission eve	ed amendment(s) e	ntered, appil	cant mu	st request no	s otherwise. If n-entry of such
	THIS DOX IS UDIT CLIE	ckea.			
i. Consider the arguments in the Appeal Brid ii. Other	et or Keply Bhef p	reviously file	ed on _	-	
b. X Enclosed					
i. X Amendment/Reply iii.	Information	Disclosure	Statem	ent (ID\$)	
iiAffidavit(s)/Declaration(s) iv.	Other	_		, ,	
2. Miscellaneous					
a. Suspension of action on the above-identified	application is requ	ested unde	er 37 Cf	FR 1.103(c)	for a
period of months. (Period of susp	ension shall not exc	eed 3 mont)	ns; Fee u	ınder 37 CFF	R 1.17(i) required)
b. Other 3. Fees The RCE fee under 37 CER 1 17(a) is required to					
The state of the s					
a. X The Director is hereby authorized to charge the overpayments to Deposit Account No. 04	e following fees, a	any underp	ayment	of fees, or	credit any
i. X RCE fee required under 37 CFR 1.17(e)		.,,	e a dup	meate copy	or this sneet.
ii. Extension of time fee (37 CFR 1.136 and 1.	17)				
iii. Other					
b. Check in the amount of \$	· · · · · · · · · · · · · · · · · · ·	sed			
c. Payment by credit card (Form PTO-2038 enclos					
SIGNATURE OF APPLICANT, AT		GENT RE	OUIRE	-D	
Signature 9 Mal/M	Mo			14, 2006	
Name (Print/Type) Howard M. Gitten	- ''&	Registration		32,138	

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er.	U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMER respond to a collection of information unless it displays a valid OMB control form Complete if Known								
rees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)			Application N			0/700,814-Conf. #6248			
FEE TRANSMITTAL			Filing Date		November 4, 2003				
For FY 2005			First Named I	nventor	Jeff Kline				
				Examiner Nam	N. R. Taylor				
- + p	X Applicant claims small entity status. See 37 CFR 1.27					2141			
	TOTAL AMOUNT OF PAYMENT (8)				et No.	58674(46910)			
METHOD OF PAYM	ENT (check all	that apply)							
Check Cred	it Card	Money Order	Non	c Other	(please ide	ntify):			
X Deposit Account	Bposit Account Num	Der <u>04-1105</u>	Deposit Acc	ount Name:	Edwards	Annell Palm	er & Dodge	IID	
For the above-id	entified deposit	account, the D	irector is	hereby authoria	ed to: /ch/	ook all that and	er er Dodge	LLF	
x Charge fee	(s) indicated be	low		Chao	na faa/e\ i-	eck all that appl	y) 		
Charge am	/ additional fee/	's) or undoma.	ment of			idicated below,	except for i	he filing fee	
166(\$) Und	er 37 CFR 1.16	and 1.17		[X] Clear	t any over	Dayments			
FEE CALCULATION									
1. BASIC FILING, SEAR									
	FILIN	G FEES Small Entity	SÉA	RCH FEES	EXAMI	NATION FEE			
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity			
Utility	300	150	500	250	200	<u>Fee (\$)</u> 100	<u>Fees</u>)	Paid (\$)	
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160				
Reissue	300	150	500	250	600	80			
Provisional	200	100	0	0	0	300			
2. EXCESS CLAIM FEES		-	_	v	U	0			
Fee Description							Fee (\$)	Small Entity Fee (\$)	
Each claim over 20 (inclu	ding Reissues)						50		
Each independent claim o	ver 3 (including	g Reissues)					200	25 100	
Multiple dependent claims							360	180	
4.4	Claims Fe	ie (\$)	Fee Pai	d (\$)	Mu	iltiple Depend		100	
14 - 20 = x = HP = highest number of total claims paid for, if greater than 20.				Fee (\$) Fee I					
Indan me e									
	Claims Fe	e (\$)	Fee Pai	d (\$)				- J	
HP = highest number of indepen	Meet claims said 6	S. Kamaharahara							
3. APPLICATION SIZE FE	Carrie Carrie bein in	n, o greater man a	.					. 1	
If the specification and dr	heave soriws	100 cheets of		-1				1	
					nically file	d sequence or	computer		
	of. See 35 U.S	.C. 41(a)(1)(G) and 37	CFR 1.16(s).	1 SILIUM CIL	mry) for each at	ocuronal 50		
	atra Sheets			ional 50 or fracti	on thereof	Fee (\$)	<u>Fee Pa</u>	id (6)	
- 100 =		io		and up to a whole			<u></u>	10.5/	
· OTHER FEE(S)							Fees P	eid (S)	
Non-English Specification	on, \$130 fee (no small entity	discoun	;)			<u> </u>		
Other (e.g., late filing su	rcharge): 280	1 Request for	continu	ed examinatio	n (RCE)	(see 37	395.	οο Ι	
UBMITTED BY			11						
gneture	w	nil	Beg	Istration No.	32,138	Telephone	/0E4\ 70**	2000	
me (Printrype) Howard N	. Gitten			ALIBANAGOUE)	, 100		(954) 727-		
						Date	August 14.	2006	